



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB5079

Introduced 2/18/2020, by Rep. Nathan D. Reitz

SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Insurance Code. In provisions concerning coverage for telehealth services, provides that certain health benefit policies or plans may not exclude from coverage a medically necessary health care service or procedure delivered by certain providers solely because the health care service or procedure is provided through telehealth (rather than requiring certain policies to meet specified criteria if they provide coverage for telehealth services). Provides the requirements of coverage for telehealth services. Provides that an individual or group policy of accident or health insurance that provides coverage for telehealth services delivered by contracted licensed dietitian nutritionists and contracted certified diabetes educators must also provide coverage for in-home services for senior diabetes patients (rather than requiring an individual or group policy of accident or health insurance that provides coverage for telehealth services to provide coverage for licensed dietitian nutritionists and certified diabetes educators who counsel senior diabetes patients in the patients' homes). Amends the Illinois Public Aid Code. Provides payment, reimbursement, and service requirements for telehealth services provided under the State's fee-for-service or managed care medical assistance programs. Provides that "telehealth" includes telepsychiatry. Provides that the Department of Healthcare and Family Services shall implement the new provisions 60 days after the effective date of the amendatory Act. Repeals a provision requiring the Department to reimburse psychiatrists and federally qualified health centers for mental health services provided by psychiatrists to medical assistance recipients through telepsychiatry. Makes other changes.

LRB101 17247 BMS 66651 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.22 as follows:

6 (215 ILCS 5/356z.22)

7 Sec. 356z.22. Coverage for telehealth services.

8 (a) For purposes of this Section:

9 "Distant site" means the location at which the health care
10 provider rendering the telehealth service is located.

11 "Health care provider" means a health care professional
12 licensed in Illinois, including a physician assistant.

13 "Interactive telecommunication system" means multimedia
14 communications equipment that includes, at a minimum, audio and
15 video equipment permitting 2-way, real-time interactive
16 communication between the patient and the distant site
17 provider. "Interactive telecommunication system" does not
18 include a facsimile machine.

19 "Originating site" means the location at which the patient
20 receiving the service is located.

21 "Telehealth" means the use of telecommunications services
22 to encompass 4 modalities: store and forward technologies,
23 remote monitoring, live consultation, and mobile health; and

1 which shall include, but not be limited to, real-time video
2 conferencing-based communication, secure interactive and
3 non-interactive web-based communication, and secure
4 asynchronous information exchange, to transmit patient medical
5 information, including diagnostic-quality digital images and
6 laboratory results for medical interpretation and diagnosis,
7 for the purpose of delivering enhanced health care services and
8 information while a patient is at an originating site and the
9 health care provider is at a distant site. "Telehealth"
10 includes telepsychiatry and telemedicine. "Telehealth"
11 includes psychiatric services, as well as services provided by
12 all other professional disciplines delivered through
13 telecommunication systems. "Telehealth" does not include a
14 facsimile transmission. If the fee-for-service or managed care
15 medical assistance programs under Article V of the Illinois
16 Public Aid Code or health insurer does not offer a service as a
17 covered benefit or a supplemental service for in-person or
18 online care, nothing in this definition of "telehealth"
19 mandates that the fee-for-service or managed care medical
20 assistance programs under Article V of the Illinois Public Aid
21 Code or health insurer pay for services delivered through
22 telehealth.

23 ~~"Interactive telecommunications system" means an audio and~~
24 ~~video system permitting 2-way, live interactive communication~~
25 ~~between the patient and the distant site health care provider.~~

26 ~~"Telehealth services" means the delivery of covered health~~

1 ~~care services by way of an interactive telecommunications~~
2 ~~system.~~

3 (b) This Section applies to an individual or group policy
4 of insurance issued, amended, renewed, delivered, continued,
5 or executed on or after the effective date of this amendatory
6 Act of the 101st General Assembly that pays health benefits,
7 including, but not limited to, such health benefit policies or
8 plans as:

9 (1) the fee-for-service and managed care medical
10 assistance programs under Article V of the Illinois Public
11 Aid Code;

12 (2) accident, health, or sickness coverage plans and
13 policies;

14 (3) mutual benefit society plans and policies;

15 (4) automobile medical benefits plans and policies;

16 (5) third-party administrator plans and policies;

17 (6) travel insurance medical benefits plans and
18 policies;

19 (7) supplemental insurance plans and policies;

20 (8) life care contracts, plans, and policies;

21 (9) accident-only plans and policies;

22 (10) specified disease plans and policies;

23 (11) hospital plans and policies providing fixed daily
24 benefits only;

25 (12) Medicare supplemental plans and policies;

26 (13) long-term care plans and policies;

1 (14) short-term major medical plans and policies of 6
2 months' duration or less;

3 (15) hospital indemnity plans or policies; and

4 (16) any other supplemental health plan or policy.

5 (c) A health benefit policy or plan may not exclude from
6 coverage a medically necessary health care service or procedure
7 delivered by a contracted health care professional or
8 contracted health care provider solely because the health care
9 service or procedure is provided through telehealth. Such
10 coverage shall be on the same basis and at the same rate that
11 the health insurer is responsible for coverage for providing
12 the same service through in-person treatment or consultations
13 to contracted health care providers if the service is a covered
14 benefit or supplemental service provided to enrollees.

15 (d) All telehealth services provided under this Section
16 shall meet the following requirements:

17 (1) Medical data may be exchanged through an
18 interactive telecommunication system.

19 (2) The interactive telecommunication system must, at
20 a minimum, have the capability of allowing the consulting
21 distant site provider to examine the patient sufficiently
22 to allow proper diagnosis of the involved body system when
23 necessary and appropriate. The interactive
24 telecommunication system must also be capable of
25 transmitting clearly audible heart tones and lung sounds,
26 as well as clear video images of the patient and any

1 diagnostic tools, such as radiographs, when necessary and
2 appropriate.

3 (3) An in-person visit between a patient and a health
4 care provider prior to the delivery of telehealth services
5 shall not be required unless medically necessary as
6 determined by the health care provider offering the
7 service.

8 (4) Other than consents required for treatment for
9 in-person care, no informed or other consents shall be
10 required for the patient to receive care through
11 telehealth.

12 (5) A telepresenter shall not be required to be present
13 with the patient unless medically necessary.

14 (e) Email systems and text messaging may be used as
15 interactive telecommunication systems for existing patients
16 but are included in telehealth and are subject to payment only
17 if a covered service or supplemental benefit is offered by the
18 fee-for-service or managed care medical assistance programs
19 under Article V of the Illinois Public Aid Code or health
20 insurer.

21 (f) Benefits for a service provided through telehealth
22 required by this Section may be made subject to a deductible,
23 copayment, or coinsurance as long as the deductible, copayment,
24 or coinsurance required does not exceed the deductible,
25 copayment, or coinsurance requirement of the policy or health
26 benefit plan for the same service provided through in-person

1 care.

2 (g) Records for telehealth services shall meet the
3 following requirements:

4 (1) The originating and distant sites shall not be
5 required to maintain or present as a condition of payment
6 any additional medical records to document the telehealth
7 services provided other than what is required under
8 applicable State or federal law.

9 (2) Appropriate steps must be taken by the originating
10 and distant site staff to ensure patient confidentiality,
11 based on technical advances in compliance with all federal
12 and State privacy and confidentiality laws.

13 (3) The billing records related to the following
14 through the use of the telecommunication system shall be
15 maintained:

16 (A) Current Procedural Terminology codes or any
17 successor codes;

18 (B) Healthcare Common Procedure Coding System
19 services or any successor services; and

20 (C) Level 1 technical component facility fees or
21 any successor fees.

22 (h) Originating sites shall have no restrictions with
23 respect to geographic location or other restrictions that limit
24 the type and location or originating sites.

25 (i) Nothing in this Section precludes a health benefit
26 policy or plan from undertaking utilization review to determine

1 the appropriateness of telehealth as a means of delivering a
2 health care service, provided that the determination is made in
3 the same manner as those regarding the same service when it is
4 delivered in person.

5 (j) Notwithstanding any other provision of law, nothing in
6 this Section authorizes a health benefit policy or plan to
7 require the use of telehealth by a health care professional,
8 health care provider, or a covered individual.

9 ~~(b) If an individual or group policy of accident or health~~
10 ~~insurance provides coverage for telehealth services, then it~~
11 ~~must comply with the following:~~

12 ~~(1) An individual or group policy of accident or health~~
13 ~~insurance providing telehealth services may not:~~

14 ~~(A) require that in person contact occur between a~~
15 ~~health care provider and a patient;~~

16 ~~(B) require the health care provider to document a~~
17 ~~barrier to an in person consultation for coverage of~~
18 ~~services to be provided through telehealth;~~

19 ~~(C) require the use of telehealth when the health~~
20 ~~care provider has determined that it is not~~
21 ~~appropriate; or~~

22 ~~(D) require the use of telehealth when a patient~~
23 ~~chooses an in person consultation.~~

24 ~~(2) Deductibles, copayments, or coinsurance applicable~~
25 ~~to services provided through telehealth shall not exceed~~
26 ~~the deductibles, copayments, or coinsurance required by~~

1 ~~the individual or group policy of accident or health~~
2 ~~insurance for the same services provided through in-person~~
3 ~~consultation.~~

4 (k) An individual or group policy of accident or health
5 insurance that provides coverage for telehealth services
6 delivered by contracted licensed dietitian nutritionists and
7 certified diabetes educators must also provide coverage for
8 in-home services delivered by contracted licensed dietitian
9 nutritionists and certified diabetes educators and physician
10 assistants for senior diabetes patients. ~~(b-5) If an individual~~
11 ~~or group policy of accident or health insurance provides~~
12 ~~coverage for telehealth services, it must provide coverage for~~
13 ~~licensed dietitian nutritionists and certified diabetes~~
14 ~~educators who counsel senior diabetes patients in the senior~~
15 ~~diabetes patients' homes to remove the hurdle of transportation~~
16 ~~for senior diabetes patients to receive treatment.~~

17 (l) (e) Nothing in this Section precludes shall be deemed
18 as precluding a health insurer from providing benefits or
19 requires a health insurer to provide benefits for other
20 services, including, but not limited to, email, text messaging,
21 the use of mobile applications, remote monitoring services,
22 other monitoring services, or oral communications otherwise
23 covered under the policy.

24 (Source: P.A. 100-1009, eff. 1-1-19.)

25 Section 10. The Illinois Public Aid Code is amended by

1 adding Section 5-5.25a as follows:

2 (305 ILCS 5/5-5.25a new)

3 Sec. 5-5.25a. Telehealth services.

4 (a) Definitions. As used in this Section:

5 "Asynchronous store and forward technology" means the
6 transmission of a patient's medical information from an
7 originating site to the provider at the distant site. The
8 provider at the distant site can review the medical case
9 without the patient being present. An asynchronous
10 telecommunication system in single media format does not
11 include telephone calls, images transmitted through facsimile
12 machines, and text messages without visualization of the
13 patient (email). Photographs visualized by a telecommunication
14 system must be specific to the patient's medical condition and
15 adequate for furnishing or confirming a diagnosis or treatment
16 plan. Dermatological photographs (for example, a photograph of
17 a skin lesion) may be considered to meet the requirement of a
18 single media format under this Section. Nothing in this
19 definition of "asynchronous store and forward technology"
20 shall require an insurer to pay for asynchronous store and
21 forward technology unless that service is a covered benefit or
22 supplemental service.

23 "Distant site" means the location at which the provider
24 rendering the telehealth service is located.

25 "Facility fee" means the reimbursement made to any Illinois

1 Medicaid participating health care organization or Illinois
2 Medicaid participating provider as originating sites.

3 "Illinois Medicaid participating health care organization"
4 means any health care organization that is eligible to
5 participate in the State's fee-for-service or managed care
6 medical assistance program and that has an office or is
7 affiliated with an organization that has an office located in
8 the State of Illinois.

9 "Illinois Medicaid participating provider" means any
10 health care provider, including a practitioner described in
11 Section 5-8, a licensed clinical social worker, a licensed
12 clinical psychologist, a licensed advanced practice registered
13 nurse certified in a psychiatric specialty, a licensed
14 nutritionist or any other certified nutrition professional,
15 and a physician assistant who is eligible to participate in the
16 State's fee-for-service or managed medical assistance program
17 and who is employed by an Illinois Medicaid participating
18 organization.

19 "Interactive telecommunication system" means multimedia
20 communications equipment that includes, at a minimum, audio and
21 video equipment permitting 2-way, real-time interactive
22 communication between the patient and the distant site
23 provider. "Interactive telecommunication system" does not
24 include a facsimile machine.

25 "Originating site" means the location at which the patient
26 receiving the service is located.

1 "Telecommunication system" means an asynchronous store and
2 forward technology or an interactive telecommunication system
3 that is used to transmit data between the originating and
4 distant sites.

5 "Telehealth" means the use of telecommunications services
6 to encompass 4 modalities: store and forward technologies,
7 remote monitoring, live consultation, and mobile health; and
8 which shall include, but not be limited to, real-time video
9 conferencing-based communication, secure interactive and
10 non-interactive web-based communication, and secure
11 asynchronous information exchange, to transmit patient medical
12 information, including diagnostic-quality digital images and
13 laboratory results for medical interpretation and diagnosis,
14 for the purpose of delivering enhanced health care services and
15 information while a patient is at an originating site and the
16 health care provider is at a distant site. "Telehealth"
17 includes telepsychiatry and telemedicine. "Telehealth"
18 includes psychiatric services, as well as services provided by
19 all other professional disciplines delivered through
20 telecommunication systems. "Telehealth" does not include a
21 facsimile transmission. Nothing in this definition of
22 "telehealth" mandates that the State's fee-for-service or
23 managed care medical assistance program or a health insurer pay
24 for services delivered through telehealth if the service is not
25 a covered benefit or supplemental service.

26 (b) Payment. Any fee-for-service or managed care medical

1 assistance program shall provide coverage for the cost of
2 health care services provided through telehealth, as provided
3 under this Section, on the same basis and at the same
4 contracted rate as established for coverage for providing the
5 same service through in-person treatment or consultation.
6 Fee-for-service or managed care medical assistance programs
7 shall not exclude a service for coverage solely because the
8 service is provided through telehealth services if the service
9 is a covered benefit or supplemental service. This Section
10 applies to any plan that is issued, amended, renewed,
11 delivered, continued, or executed in the State of Illinois.

12 (c) Telehealth services requirements. All telehealth
13 services provided under this Section shall meet the following
14 requirements:

15 (1) The distant site provider must be an eligible
16 Illinois Medicaid participating provider or Illinois
17 Medicaid participating health care organization

18 (2) The originating and distant site provider must not
19 be terminated, suspended, or barred from the State's
20 fee-for-service or managed care medical assistance
21 program.

22 (3) Medical data may be exchanged through an
23 interactive telecommunication system.

24 (4) The interactive telecommunication system must, at
25 a minimum, have the capability of allowing the consulting
26 distant site provider to examine the patient sufficiently

1 to allow proper diagnosis of the involved body system when
2 necessary and appropriate. The interactive
3 telecommunication system must also be capable of
4 transmitting clearly audible heart tones and lung sounds,
5 as well as clear video images of the patient and any
6 diagnostic tools, such as radiographs, when necessary and
7 appropriate.

8 (d) Telehealth service prohibitions.

9 (1) An in-person visit between a patient and a health
10 care provider prior to the delivery of telehealth services
11 shall not be required for medical assistance coverage under
12 the State's fee-for-service or managed care medical
13 assistance program unless medically necessary as
14 determined by the health care provider offering the
15 service.

16 (2) Other than consents required for treatment for
17 in-person care, no informed or other consents shall be
18 required for the patient to receive care through
19 telehealth.

20 (3) A telepresenter shall not be required to be present
21 with the patient unless medically necessary.

22 (e) Email systems and text messaging may be used as
23 interactive telecommunication systems for existing patients.

24 (f) Reimbursement for telehealth services.

25 (1) Originating site reimbursement.

26 (A) A facility fee shall be paid to providers as

1 defined in subsection (a) of this Section.

2 (B) Local education agencies may submit telehealth
3 services as a certified expenditure.

4 (C) All Illinois Medicaid participating health
5 care organizations and providers that receive
6 reimbursement for a patient's room and board shall also
7 receive the facility fee.

8 (2) Reimbursement for rendering provider at the
9 distant site.

10 (A) Participating providers shall be reimbursed
11 for the appropriate Current Procedural Terminology
12 code for the telehealth service rendered.

13 (B) Nonparticipating providers may be reimbursed
14 by the originating site provider but shall not be
15 eligible for reimbursement from the Department or its
16 managed care contracted insurers.

17 (g) Copayments. Benefits for a service provided through
18 telehealth as required under this Section may be made subject
19 to a deductible, copayment, or coinsurance as long as the
20 deductible, copayment, or coinsurance required does not exceed
21 any deductible, copayment, or coinsurance established under
22 the fee-for-service or managed care medical assistance program
23 for the same service provided during an in-person visit.

24 (h) Record requirements for telehealth services.

25 (1) Medical records documenting the telehealth
26 services provided must be maintained by the originating

1 site in accordance with the requirements under 89 Ill. Adm.
2 Code. 140.28. The originating and distant sites shall not
3 be required to maintain or present as a condition of
4 payment any additional medical records to document the
5 telehealth services provided other than what is required
6 for in-person care under applicable State or federal law.

7 (2) Appropriate steps must be taken by the originating
8 and distant site staff to ensure patient confidentiality,
9 based on technical advances in compliance with all federal
10 and State privacy and confidentiality laws.

11 (3) The billing records related to the following
12 through the use of the telecommunication system shall be
13 maintained as provided in 89 Ill. Adm. Code 140.28:

14 (A) Current Procedural Terminology codes or any
15 successor codes;

16 (B) Healthcare Common Procedure Coding System
17 services or any successor services; and

18 (C) Level 1 technical component facility fees or
19 any successor fees.

20 (i) Originating sites shall have no restrictions with
21 respect to geographic location or other restrictions that limit
22 the type and location of originating sites.

23 (j) Implementation. The Department shall implement the
24 provisions of this Section 60 days after the effective date of
25 this amendatory Act of the 101st General Assembly.

1 (305 ILCS 5/5-5.25 rep.)

2 Section 15. The Illinois Public Aid Code is amended by

3 repealing Section 5-5.25.

1 INDEX

2 Statutes amended in order of appearance

3 215 ILCS 5/356z.22

4 305 ILCS 5/5-5.25a new

5 305 ILCS 5/5-5.25 rep.